### Please amend the specification as follows:

I. Please replace the "Related Applications" section of the specification at page 1, line 5 to page 2, line 2 with the following replacement section:

# -- RELATED APPLICATIONS

This application claims priority to prior filed U.S. Provisional Application Serial No. 60/397,275, filed July 19, 2002. This application also claims priority to prior filed to U.S. Provisional Application Serial No. 60/411,081, filed September 16, 2002, and prior-filed U.S. Provisional Application Serial No. 60/417490, filed October 10, 2002. This application also claims priority to prior filed to U.S. Provisional Application Serial No. 60/455777, filed March 18, 2003. In addition, this application is related to U.S. Patent Nos. 6,090,382, 6,258,562, and 6,509,015. This application is also related to U.S. Patent Application Serial No. 09/801,185 U.S. Patent No. 7,223,394, filed March 7, 2001; U.S. Patent Application Serial No. 10/302,356, filed November 22, 2002 (now abandoned); U.S. Patent Application Serial No. 10/163657, filed June 2, 2002; and U.S. Patent Application Serial No. 10/133715, filed April 26, 2002 (now abandoned).

This application is related to U.S. utility applications (Attorney Docket No. BPI-187) 10/622932 entitled "Treatment of TNFα-Related Disorders Using TNFα Inhibitors," (Attorney Docket No. BPI-188) entitled "Treatment of Spondyloarthropathies Using TNFa Inhibitors," (Attorney Docket No. BPI-189) 10/623076 (now abandoned) entitled "Treatment of Pulmonary Disorders Using TNFα Inhibitors," (Attorney Docket No. BPI-190) 10/623065 (now abandoned) entitled "Treatment of Coronary Disorders Using TNFa Inhibitors," (Attorney Docket No. BPI-191) 10/622928 (now abandoned) entitled "Treatment of Metabolic Disorders Using TNFa Inhibitors," (Attorney Docket No. BPI-192) 10/623075 entitled "Treatment of Anemia Using TNFa Inhibitors," (Attorney Docket No. BPI-193) 10/623035 (now abandoned) entitled "Treatment of Pain Using TNFa Inhibitors," (Attorney Docket No. BPI-194) 10/622683 (now abandoned) entitled "Treatment of Hepatic Disorders Using TNFa Inhibitors," (Attorney Docket No. BPI-195) 10/622205 (now abandoned) entitled "Treatment of Skin and Nail Disorders Using TNFa Inhibitors," (Attorney Docket No. BPI-196) 10/622210 (now abandoned) entitled "Treatment of Vasculitides Using TNFα Inhibitors," (Attorney Docket No. BPI-197) 10/623318 entitled "Treatment of TNFα-Related Disorders Using TNFα Inhibitors," and PCT application (Attorney Docket No. BPI-187PC) PCT/US2003/022566 entitled "Treatment of TNFα-Related Disorders," all of which are filed on even date herewith. The entire contents of each of these patents and patent applications are hereby incorporated herein by reference.--

- 2. Please amend the sentence at page 7, lines 13-19 of the specification as follows:
- -- The term "TNFα inhibitor" includes agents which inhibit TNFα. Examples of TNFα inhibitors include etanercept (Enbrel ENBREL®, Amgen), infliximab (Remicade REMICADE®, Johnson and Johnson), human anti-TNF monoclonal antibody adalimumab (D2E7/HUMIRA®, Abbott Laboratories), CDP 571 (Celltech), and CDP 870 (Celltech) and other compounds which inhibit TNFα activity, such that when administered to a subject suffering from or at risk of suffering from a disorder in which TNFα activity is detrimental, the disorder is treated.--

Please amend the claims as follows:
Please amend claims 1, 4, 12, 18 and 22.
Please cancel claims 2, 5-11, 13-17, 19-21, 24 and 25.

Please add new claims 26-47.

1. (Currently Amended) A method of treating a subject suffering from a spondyloarthropathy psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising 10-150 mg of a human anti-TNF $\alpha$  administering a therapeutically effective amount of a human antibody, or an antigen-binding fragment thereof, to the subject, wherein the antibody that dissociates from human TNF $\alpha$  with a K<sub>d</sub> of 1 x 10-8 M or less and a K<sub>off</sub> rate constant of 1 x 10-3 s<sup>-1</sup> or less, both determined by surface plasmon resonance, and neutralizes human TNF $\alpha$  cytotoxicity in a standard *in vitro* L929 assay with an IC<sub>50</sub> of 1 x 10-7 M or less, such that the spondyloarthropathy said PsA is treated.

### 2. (Canceled)

- 3. (Currently Amended) A method of treating a subject suffering from a spondyloarthropathy psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising 10-150 mg of a human anti-TNFα administering a therapeutically effective amount of a human antibody, or an antigen-binding fragment thereof, with a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2.
- 4. (Currently Amended) The method of any one of claims 1, 2, and 3 claim 1 or 3, wherein the antibody, or antigen-binding fragment thereof, is D2E7 adalimumab, or an antigen-binding fragment thereof.

#### 5-11. (Canceled)

12. (Currently Amended) A method for inhibiting human TNF $\alpha$  activity in a human subject suffering from spondyloarthropathy psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising 10-150 mg of a human anti-TNF $\alpha$  administering a therapeutically effective amount of a human antibody, or an antigen-binding fragment thereof, to the subject, wherein the antibody that dissociates from human TNF $\alpha$  with a  $K_d$  of  $1 \times 10^{-8}$  M or less and a  $K_{off}$  rate constant of  $1 \times 10^{-3}$  s<sup>-1</sup> or less, both determined by

surface plasmon resonance, and neutralizes human TNF $\alpha$  cytotoxicity in a standard *in vitro* L929 assay with an IC<sub>50</sub> of 1 x 10<sup>-7</sup> M or less.

# 13-17. (Canceled)

18. (Currently Amended) A method of treating a subject suffering from a spondyloarthropathy psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising about 40 mg of adalimumab administering a therapeutically effective amount of D2E7, or an antigenbinding fragment thereof, to the subject, such that the spondyloarthropathy said PsA is treated.

### 19-21. (Canceled)

- 22. (Currently Amended) A method of treating a subject suffering from a spondyloarthropathy psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising about 10-150 mg of adalimumab administering a therapeutically effective amount of D2E7, or an antigenbinding fragment thereof, and at least one additional therapeutic agent to the subject, such that the spondyloarthropathy said PsA is treated.
- 23. (Original) The method of claim 22, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.

#### 24-25. (Canceled)

26. (New) A method for inhibiting human TNFα activity in a human subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising 10-150 mg of a human anti-TNFα antibody, or an antigen-binding fragment thereof, with a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2.

27. (New) A method for inhibiting human TNFα activity in a human subject suffering from psoriatic arthritis (PsA) comprising biweekly, subcutaneous administration to the subject of a unit dosage form comprising 10-150 mg of adalimumab.

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- 28. (New) The method of claim 1, wherein the unit dosage form comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 29. (New) The method of claim 3, wherein the unit dosage form comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 30. (New) The method of claim 4, wherein the unit dosage form comprises 20-80 mg of adalimumab.
- 31. (New) The method of claim 12, wherein the unit dosage form comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 32. (New) The method of claim 26, wherein the unit dosage form comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 33. (New) The method of claim 27, wherein the unit dosage form comprises 20-80 mg of adalimumab.
- 34. (New) The method of claim 1, wherein the unit dosage form comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 35. (New) The method of claim 3, wherein the unit dosage form comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 36. (New) The method of claim 12, wherein the unit dosage form comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.
- 37. (New) The method of claim 26, wherein the unit dosage form comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

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- 38. (New) The method of claim 27, wherein the unit dosage form comprises about 40 mg of adalimumab.
- 39. (New) The method of claim 1, further comprising administering to the subject at least one additional therapeutic agent.
- 40. (New) The method of claim 39, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.
- 41. (New) The method of claim 3, further comprising administering to the subject at least one additional therapeutic agent.
- 42. (New) The method of claim 41, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.
- 43. (New) The method of claim 12, further comprising administering to the subject at least one additional therapeutic agent.
- 44. (New) The method of claim 43, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.
- 45. (New) The method of claim 26, further comprising administering to the subject at least one additional therapeutic agent.
- 46. (New) The method of claim 45, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.
- 47. (New) The method of claim 27, further comprising administering to the subject at least one additional therapeutic agent.

48. (New) The method of claim 47, wherein the additional therapeutic agent is selected from the group consisting of ibuprofen, diclofenac and misoprostol, naproxen, meloxicam, indomethacin, and diclofenac.